

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

**SERIAL NO.**

10/784336

**FILING DATE**

**APPLICANT(S)**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	BID	DEP.	BID	DEP.	BID	DEP.
1	X					
2	X					
3	X					
4	1					
5	1					
6	X					
7	X					
8		1				
9		1				
10		2				
11		2				
12		2				
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46						
47						
48						
49						
50						
TOTAL BID.	2	1				
TOTAL DEP.	8					
TOTAL CLAIMS	10					

	BID	DEP.	BID	DEP.	BID	DEP.
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL BID.						
TOTAL DEP.						
TOTAL CLAIMS						